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STATE FOR INL (CARROL); DOJ FOR OFFICE OF INTERNATIONAL
AFFAIRS (BURKE); WHITE HOUSE FOR ONDCP (CRANE, BAUM)

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SUBJECT: CANADIAN OFFICIALS DISCUSS DRUG CONTROL STRATEGY

Classified By: Pol MC Brian Flora for reasons 1.5(b) and (d)

1.(SBU) Summary: In a series of meetings with Dr. Barry Crane of the White House Office of National Drug Control Policy, officials from several Canadian government departments set out the government of Canada's drug control strategy. While the GoC appears intent on displaying a more serious approach to drug control, it wants to devote more attention to public education and studies than enforcement, and the scale of its efforts seems inadequate in relation to Canada's increasing drug problems. End summary.

2.(U) White House Office of National Drug Control Policy Deputy Director for Supply Reduction Dr. Barry Crane discussed drug control policy with officials from several Canadian federal government departments in Ottawa, on July 8. Dr. Crane visited officials at the Department of Foreign Affairs and International Trade (DFAIT), Health Canada and the Canadian Center on Substance Abuse, the Department of Justice, and the Department of the Solicitor General. He also held a lunch meeting with members of the Parliament of Canada on Parliament Hill. Dr. Crane discussed the broad objectives of U.S. drug policy, and concerns about current trends in the use of methamphetamine by Americans. The Canadian officials described their government's new national drug strategy, the roles played by their respective departments, and GoC's proposal that possession of small amounts of marijuana be decriminalized. Other U.S. representatives attending the meetings were Richard Baum, Branch Chief, International Policy and Interdiction, White House Office of National Drug Control Policy; Tony Pratapas, DEA Attache, U.S. Embassy Ottawa; and Mary Witt and Craig Bryant, Political Officers, U.S. Embassy Ottawa.

Dr. Crane's Message

3.(C) Dr. Crane delivered a consistent message at each meeting. While it is not the role of U.S. officials to tell Canada what drug policies it should follow, Dr. Crane said, it is the responsibility of the U.S. government to protect its population, and particularly its children, from illicit drugs. Noting that Canada is a significant supplier of precursor chemicals, used in the illegal production of methamphetamine in the U.S., Dr. Crane commented that methamphetamine might be more widely consumed in the U.S. than cocaine in just a few years. As a result, the USG is compelled to take actions to try and limit, if not eliminate, the methamphetamine threat. Dr. Crane also noted that high potency marijuana presents a similar risk to the U.S. High potency marijuana, Dr. Crane observed, is the largest single cause of narcotics-related emergency room admissions in the U.S. Dr. Crane stressed the need for the U.S. and Canada to work vigorously together to safeguard our societies from the threat posed by illegal drugs.

4.(C) Turning specifically to GoC's proposal to decriminalize possession of small amounts of marijuana (Bill C-38, now pending in the House of Commons) Dr. Crane noted that the problem with decriminalization is that, while we are trying to persuade our children to avoid marijuana, Canada's decriminalization plan sends the message that marijuana use is acceptable. For the U.S., Dr. Crane calmly stated, such a development on our northern border would necessitate stronger U.S. interdiction efforts, in order to protect American children.

Canada's response

5.(C) Department of Foreign Affairs and International Trade (DFAIT) - Ruth Archibald, Senior Coordinator, International Crime and Terrorism Division, and Terry Cormier, Director, International Crime and Terrorism Division, responded that Canada is in the process of renewing its national drug strategy. Canadian officials are concerned about the impact of illicit drugs on the health of every Canadian, Archibald noted. Health Canada will continue to provide leadership and coordination for Canada's drug strategy, as it has done in the past, but DFAIT, Justice Canada, and the Solicitor

General's Department will also be involved in planning and executing Canada's response to narcotics. Archibald indicated that execution of what she termed as Canada's "renewed" drug strategy would proceed independently of the cannabis reform bill introduced in May in the House of Commons.

6.(C) Archibald said Canada's renewed drug strategy will continue to emphasize demand reduction, i.e., public education, and will focus on the more vulnerable sectors of society in an effort to decrease the number of Canadians who try drugs. She said Canada has developed a fair amount of expertise, at the federal level, about demand reduction based on government programs to deter alcohol abuse and tobacco use. Other key components of the new drug strategy, Archibald said, will include training programs for law enforcement (one example: how to detect marijuana levels in drivers), and increased funding for collecting and analyzing drug use data. She expressed appreciation for Dr. Crane's visit, and said they are very interested in learning from our experience. In particular, Archibald indicated the Canadians would like further discussions with U.S. officials on how we test for drug use, how we track drug use among certain populations, and our methods for collecting and evaluating data to identify drug use trends. (Note: Archibald and other Canadian officials will travel to Washington the week of July 14 to discuss Canada's drug policy, and particularly GoC's proposal to decriminalize marijuana, with members of Congress. End note.)

7.(C) Health Canada - Dr. Crane met with Beth Pieterston, Director General; Cathy Airth, Director for Drug Strategy; Carol Bouchard, Director of the Office of Controlled Substances; Richard Viau, Director of the Drug Analysis Service; and Patricia Begin, Director for Research and Policy, at the offices of Health Canada. Pieterston led the discussion by making clear Canada would continue to approach drug abuse primarily as a health issue. She admitted that GoC's previous drug strategy suffered from inadequate funding and attention. Pieterston said this was not the case now, that GoC is committed to providing funding for research, rehabilitation and, most importantly, counter-narcotics education and messaging. Pieterston said Health Canada is studying how best to get its 'don't do drugs' message across to Canada's youth, and is looking at the approaches followed by other countries to determine what has worked, and what hasn't. She commented that one aspect of Canada's strategy is to encourage parents to take a more active part in directing their children away from drug use.

8.(C) Cathy Airth said the renewal of Canada's drug strategy had been recommended by the Auditor General of Canada, following a review of the federal government's past expenditures on drug abuse prevention. As a result of this review, she indicated the Canadian government plans to almost double the amount it spends annually on drug control. Airth repeated that Canada's drug strategy would emphasize prevention, that they want to reach people before they begin using drugs. Dr. Crane noted it is important to emphasize both prevention of drug use and law enforcement, that there should be a balance. He pointed out that, according to recent U.N. drug reports, the U.S. is making progress in reducing the demand for illegal drugs by Americans.

9.(C) Carole Bouchard, Director of the Office of Controlled Substances at Health Canada, then presented an update on the implementation of Canada's precursor chemical regulations. Phase I of the regulations, directed at the importing, exporting, production, and packaging of Class A precursor chemicals, took effect in January 2003. Phase II of the regulations, focusing on domestic transactions in precursor chemicals, went into effect July 7, 2003. Bouchard noted that under the regulations, the GoC has authority to inspect licensed chemical facilities if there is evidence diversions are taking place; however, compliance by Canada's drug importers and manufacturers remains voluntary. She indicated Health Canada hopes to obtain additional financial resources to carry out further inspections at production facilities.

10.(C) Richard Viau, Director of Canada's Drug Analysis Service, took issue with U.S. concerns about the increased potency of marijuana grown in Canada. Viau said a lab at Health Canada regularly measures the potency of marijuana seized by law enforcement officers for use in criminal trials, and presented a detailed graph reflecting the potency of marijuana seized in recent years. Viau indicated the majority of the marijuana tested at Health Canada contains THC levels averaging 10%; they see very little marijuana exceeding a 20% THC level. He acknowledged Canadian growers are becoming smarter in terms of choosing the best species, methods of cultivation, and the optimal time for harvesting the plant. Dr. Crane said he would like to study Dr. Viau's data more closely.

11.(C) Justice Canada - Dr. Crane met Paul Saint-Denis and Donald Piragoff, senior counsels in the Criminal Law Policy Section. Piragoff stated the problem for GoC is that the

current marijuana law is not respected. He said police officers and prosecutors refuse to pursue cases involving small amounts of marijuana, and marijuana users know this. Saint-Denis said that under the current law, only one of every two possession incidents results in a charge by the police (he noted that this statistic does not include the province of Quebec). The government believes, therefore, that decriminalizing the possession of small amounts of marijuana will free up law enforcement officers and prosecutors so they can devote more attention to large suppliers and grow operations. The government also believes the proposed marijuana law will be more fairly enforced in all areas of Canada, as under the present system non-white and rural Canadians are more likely than others to be prosecuted for marijuana possession.

12.(C) Saint-Denis noted the percentage of persons using marijuana in Canada has increased each year for the past 10 years. He said the government wants an enforcement mechanism and penalty that will work. Under the government's cannabis reform law, as it is now written, persons found in possession of up to 15 grams of marijuana will be given a ticket and required to pay a fine, similar to traffic or other health and safety violations. If the violator is a minor, parental notification will be required. Piragoff cited the example of Australia, where enforcement of the marijuana law increased significantly after it was revised to permit tickets and fines for persons possessing small amounts. Saint-Denis suggested that by notifying parents of marijuana violations, adults would be encouraged if not forced to take a more active role in educating their young. He said he expects C-38 (the cannabis reform bill) to fully complete the parliamentary process before the end of the year. (Comment: Post believes Saint-Denis and Piragoff were the principal drafters of C-38. End comment.)

13.(C) Solicitor General Canada - Dr. Crane met with a large group of officials at the Department of the Solicitor General, including Christine Miles, Director General, Policing and Law Enforcement; Anita Dagenais, Acting Director of Hemispheric Cooperation; Policy Analyst Lyndon Murdock; and Superintendent Mike Gaudreau, Director of the Drug Branch of the Royal Canadian Mounted Police. Miles directed the presentation, which repeated Health Canada's message that Canada views its drug abuse problem primarily as a health issue, and that attention and resources should be focused on that aspect of the drug problem. She said law enforcement does play an essential role not only in supply reduction, but also in educating the Canadian public of the harm drugs can cause (citing the DARE program as an example of an educational program led by law enforcement). Miles noted proudly that the counter-narcotics budget for Canadian law enforcement will increase incrementally over the next five years. She admitted, however, that there is much to be learned in the law enforcement area, for example, how to assess impaired driving caused by marijuana use.

14.(C) Mills stated that Canada looks forward to assuming the chairmanship of CICAD (Inter-American Drug Abuse Control Commission) in Montreal in November, and welcomed opportunities to make the Multilateral Evaluation Mechanism stronger. Mills said the Office of Solicitor General is encouraged by the progress made in addressing Canada's precursor chemical diversion problem through the enactment of new regulations, and that Canada's pharmaceutical companies are cooperating. She noted, however, that more needs to be done and that, at present, it is difficult to measure the success of the new regulations because there "just has not been enough time." (Comment: when asked specifically if RCMP has been able to initiate prosecutions or make arrests for any precursor chemical diversions since the first of this year, Gaudreau said no, there have been no arrests or prosecutions under the new regulations. End comment.)

15.(C) Canadian grow operations were also discussed during this meeting. Gaudreau indicated the Royal Canadian Mounted Police (RCMP) is beginning to work with the Canadian Association of Chiefs of Police to develop a more coordinated approach to going after "grow ops". According to Policy Analyst Lyndon Murdock, this is the first time federal and provincial law enforcement have had a shared focus on grow ops. In the past, the RCMP often had to struggle with the attitudes of local law enforcement, which did not look on marijuana offenses as a priority. Gaudreau said the RCMP intends to utilize the additional resources and officers it will receive, as part of the renewed national drug strategy, to pursue the organized crime elements which operate grow houses. Gaudreau commented, however, that the RCMP might not actually receive funding for new operations until early 2004. (Comment: DEA Ottawa's RCMP sources have indicated that RCMP has decreased the number of its drug-dedicated units this year. End comment.)

16.(C) It was noted that, under the government's cannabis reform bill, the maximum prison sentence for conducting a grow operation will increase from 7 to 14 years. When asked

if mandatory minimum sentences had been considered by the government, Miles commented that Canada takes a different view of incarceration than the U.S. Miles said it is not the "Canadian way" to impose mandatory minimum sentences, as the purpose for incarcerating an offender is rehabilitation, not punishment.

A Different View on Parliament Hill

17.(C) Parliament Hill - During a lunch meeting on Parliament Hill, members of Parliament had a frank exchange of views with Dr. Crane, primarily on C-38. The members present at the meeting either have serious reservations about C-38, or are outright opponents of it. MP Dan McTeague, the leader of the Liberal opponents of C-38, presented a detailed critique of the bill. Several members expressed their concern that the House leadership will try to push the bill through, regardless of the possible consequences for members from more conservative ridings. The members also voiced concern about the negative impact decriminalization might have on U.S. - Canada relations, and expressed a desire for Dr. Crane and other U.S. officials to become involved in the marijuana debate. Senator Anne Cools raised the possibility of inviting a U.S. drug control official to testify about decriminalization at a hearing, and several of the House members present expressed interest in this idea. (Comment: The House of Commons is now in recess and will not reconvene until September. It is uncertain, particularly in light of Prime Minister Chretien's lame duck status, how hard the government intends to push C-38 when the House reconvenes. But the bill cannot be declared dead yet. End comment.)

Navigating the Road Ahead

18.(C) Dr. Crane's tour d'horizon among Canadian government officials was informative and useful. He made clear throughout the day that the USG is concerned about the flow into the U.S. of Canadian-produced marijuana and diverted precursor chemicals, and highlighted that the U.S. must, and will, act to stem that flow - for the sake of our children and our future. His Canadian interlocutors echoed their concerns about the impact that drug abuse, whether of marijuana, cocaine, heroin, or alcohol and tobacco, has on Canadian children and society at large. However, the Canadian officials also emphasized that they intend to address their drug demand and supply issues in a way that conforms to their style of problem solving. They made it clear that while they will listen to U.S. experts and do want to learn from our experiences, they will not be lectured to, or forced to take measures (including abandoning Canadian initiatives) because Washington says so. In this atmosphere, post believes Crane's presentations struck the right balance between learning and teaching. Undertaking research studies is all well and good; however, post questions the utility of waiting a year or more to complete an academic analysis of a problem when the harmful effects of that problem are being experienced now. We suggest Canada does not see that the wolf is at the door.

19.(C) We clearly have an uphill battle in front of us. Though post thought (perhaps wishfully) that the GoC's marijuana decriminalization bill had died when the House recessed in late June, the bill may well be revived in the fall as part of Prime Minister Chretien's final push for a legacy. The self-selected Liberal Party back-benchers who met with Dr. Crane are clearly concerned their Party's leadership may choose to force C-38 through the House. While Dr. Crane said, loudly and clearly, that the U.S. respects Canada's right to make its own legislative choices, the pleading of these MPs for Washington intervention was startling. They obviously feel powerless to oppose their leadership. This leads us to wonder whether others, even more influential in the Party structure, would pay heed to their constituents if the Canadian public at large voices opposition to the government's decriminalization plan.

20.(C) The Canadian approach to the precursor chemical diversion problem may be just as worrisome, albeit less openly debated. Keeping in mind that U.S. chemical diversion regulations and procedures took years to develop and refine, we appreciate that 6 months of a new regime is too short a time to prove the success of Canada's regulations. We regret, however, that Canadian authorities have declined offers of assistance from U.S. experts on the development of such regulations, a decision that could cost the Canadians many man-years of valuable lessons learned.

21.(C) Yes, the Canadians will do it their way and we hope they will succeed. Perhaps the best way we can help is to remain consistent in our message: we stand ready to help, but in the end the U.S. government will do what it must to stem the flow of drugs that are produced in or transit Canada from crossing the U.S. border.

